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## *Religion, Psychiatry, and Psychotherapy: Exploring the Japanese Experience and the Possibility of a Transnational Framework*

One of the major modern cultural themes shared across Asia and the West has been complex interchange between professionalizing and expanding ‘psy disciplines’ – principally psychiatry, psychology, and psychotherapy – and the thinkers, leaders, and laypeople of the world’s religions. Psy theories have been put forward to explain or to help ‘cure’ religious thinking, behaviour, and experiences or to sort doctrinal or ideological wheat from accumulated chaff; and psychotherapy has been widely touted as a distillation of the positive ‘functions’ of religion, into a form culturally acceptable to the disenchanted – helpfully systematized to meet the demands of busy people.

Yet the coming together of religion and the psy disciplines since the latter half of the twentieth century – perhaps, recognizing the historical rootedness of the latter in the epistemologies and anthropologies of the former, we should talk of *rapprochement* – has been rather more ambiguous a process than straightforward secularization and the co-option of religious ideas and practices by science and medicine. Psy approaches to religion have been far from uniformly deconstructionist in intent and effect, nor have they developed in a vacuum of socio-economic and cultural concerns, not to mention governmental and personal interests. More generally, ‘religion’ has tended to be reshaped rather than displaced by, or absorbed into, cognate areas of human life and knowledge, from the psy disciplines to aesthetics and ethics.<sup>1</sup> In many forms of Christianity and Buddhism, for example, Freudian ideas have found themselves appropriated as part of a system of checks and balances that seeks to keep communal worship and private prayer or meditation as free as realistically possible of narcissism, inter-personal strife, counter-phobic strategies, and various forms of self-deception (Engler 2003). The Jungian contribution has been to highlight the continuing psycho-social necessity and potential of religious belief and praxis, while leaving open the question of their ultimate referent(s) (Palmer, 1997).

Modern rationalizing approaches towards our global religious inheritance, then, in which the psy disciplines continue to play a significant role, do not look like resulting in the whole lot ending up on the bonfire any time soon – for all that this outcome was once expected, and in some quarters fervently hoped for. One might even argue that increasingly in the twenty-first century the idioms of the psy disciplines and the neurosciences are showing themselves to be little match for the raw symbolic and emotional power of religious stories, hopes, and intuitions when it comes to grasping and tackling existential concerns. At the same time religious individuals and institutions find they have more and more use for the insights of developmental, dynamic, and transpersonal psychology. Recent initiatives in the UK and Japan are bringing religion and spirituality more openly into psychiatry and into end of life care – most recently, this has been a feature of post-3/11 disaster relief care in Japan’s northern region of Tohoku (Taniyama 2012).

Yet religion and the psy disciplines clearly do not always make happy or profitable bedfellows. The accelerating interchange between them since the 1950s and 1960s was preceded by decades of mutual suspicion and even hostility, from worries that psychoanalysis and behaviourism undermined Judaeo-Christian conceptions of the human person to turf wars fought between religious and secular psy professionals

over everything from the education of children to what constituted healthy and unhealthy habits and emotions. Behind a phrase like ‘religion-psy dialogue’, then, lurk manifold complications, antagonisms (albeit sometimes creative ones), points of confusion, and instances of everything from governmental and cultic manipulation to the sort of cultural essentialism that remains a stubborn feature of commentary on countries such as India and Japan, both from without and within. Besides this, religious traditions and the psy disciplines are notable for their combination of all-encompassing claims about the nature and destiny of the human person with the use of powerful language, imagery, and practices whose sometimes enigmatic nature many are willing to tolerate, as necessary or harmlessly characteristic, rather than probe for clarification. A vivid example of the potential perils of religion-psy dialogue was the 1995 sarin gas attack on the Tokyo subway system, perpetrated by members of Aum Shinrikyō – a group described by Tarutani Shigehiro as the ‘child of... pop psychology and Buddhism’ (Tarutani 2006).<sup>ii</sup> Aum was just one of hundreds of new religious movements to appear in Japan since the 1920s, many of which drew on traditional or folk religious ideas and healing practices combined with psychology and psychotherapy – frequently, as Shimazono Susumu has pointed out, in an attempt to fill the modern vacuum of agreed ethical standards by offering, as the next best thing, technical methods of self-mastery designed to provide a modicum of peace of mind (Shimazono 2004).<sup>iii</sup>

There have been concerns too about the impact of the religion-psy encounter upon how people grow up learning to conceive of themselves, ‘as ideally and potentially certain sorts of person’ (Rose 1999: 11) – the psy disciplines having contributed to mainstream culture modes of self-reflection rooted in objectification and narrativization. There are political consequences to this, suggests Nikolas Rose, with traditional, external methods of governmental surveillance and coercion increasingly exchanged for more internalized forms:

*Through self-inspection, self-problematization, self-monitoring and confession, we evaluate ourselves according to the criteria provided for us by others. Through self-reformation, therapy, and the calculated reshaping of speech and emotion, we adjust ourselves by means of the techniques propounded by experts of the soul. (Rose 1999: 11)*

Broadly encompassing in its conceptual scope, deeply personal in its everyday reality, and phenomenologically complex – ideas and propositions blending with symbol, myth, emotion, faith, presumed unconscious content, and meditative states – the religion-psy dialogue seems to resist adequate description, critique, and evaluation via any single meta-language. Instead, the task of reflecting upon this dialogue, its intersection with broader social and cultural historians, and its potential future directions, is in part a matter of understanding the transnational, institutional, intellectual, and personal circumstances in which it has come about: tracing its impact and ambiguities as they have played out in practice – amongst practitioners, clients, and others – and thereby offering as a counterpoint to its sometimes rather totalizing claims a vivid sense of its sheer historical contingency and diverse possible futures.

How, though, to subject such a broad and potentially nebulous topic to critical analysis? The aim of this article is to offer an exploratory framework geared towards this purpose, divided into five parts and intended for use by historians, anthropologists, and those in allied disciplines whose work touches in some way upon modern interchange between religious concerns and those of psychiatry,

psychotherapy, and psychology. The five parts are based on an observation of historical and clinical literature in this area, and are intended thereby to be of use across a range of disciplines and professional concerns: history, anthropology, religious and cultural studies, and the psy disciplines.

‘Religion-psy dialogue’ ought not to be understood as implying a conversation between imagined essentialisms of ‘religion’, ‘psychiatry’, etc. It is, rather, a case of instances of interaction between very specific ideas and practices, shaped by transient political and socio-cultural conditions and occurring in the personal and working lives of individual pioneers, patients, or clients. For this reason, our framework encourages us to look first, and at greatest length, at **circumstances** and **orientations**. The former is a matter of social and cultural context, the latter a more intimate exploration of the influences, motivations, emotions, thoughts, and beliefs of key people in whose inner and outer lives religious and psy ideas and practices came together. Our focus here will fall upon the Japanese context and Japan’s place in global transnational religion-psy interactions.

Only once we have established these specifics, probing people’s ‘orientations’ as closely as our source materials allow, do we take a step back and try to understand in more philosophical terms what the problems are that the religion-psy dialogue either creates or sets out to solve. These revolve primarily around the nature and fate of **the human person**, in at least four interrelated senses: first, her basic ontological and moral status; second, the relative value and potential for development of her various capacities, especially reflection and relationship; third, her socio-cultural and institutional status – as authority, expert, layperson, deviant, client, patient, etc; and finally, the personal and cultural implications where broad notions of weakness, sickness, and health become conceptual bridges between religious and psy frames of reference. ‘Human person’ is chosen here over and above the perhaps more familiar category of ‘personhood’ in order to provide two sorts of reminders: firstly, of the unique moral and ontological worth accorded by some religious traditions to humanity (irrespective of the more nuanced and possibly more demanding requirements of ‘personhood’); and second of the significant role played by humanistic philosophies and psychotherapy in religion-psy dialogue.

Part four of the framework moves away from the philosophical content and implications of the religion-psy dialogue and examines the **language** in which it is conducted: the differing and often only awkwardly compatible registers that are used, from diagnostic categories to doctrine, metaphor to metaphysics, evaluative and functional modes of speech, autobiographical narrative to phenomenological thick description. The entrance into everyday thought and speech of psychological terminology, together with the epistemologies and models of human personhood and development that these terms encapsulate and help to diffuse, is a well-recognized feature of late twentieth-century culture in many parts of the modern world. A similar process is involved where the hybrid and re-formed concepts arising from religion-psy dialogue is concerned: the use of language, the often covert epistemologies and ontologies that attend that use, and even the limits that are claimed for language when it comes to naming and transforming the inner life, rank amongst the most broadly influential aspects of religion-psy dialogue and as such require serious scrutiny.

Part five of our framework offers one final angle of analysis: where do **complementarities and antagonisms** lie in the religion-psy dialogue? Often this is a matter of context-specific instances of what Thomas Gieryn has called ‘boundary work’: on-going contests over ideological and institutional prerogatives, especially when it comes to areas of life where multiple interests and forms of expertise are

involved. But it is also frequently the case that the coming together of religious with psy ideas forces practical and intellectual uncertainties out into the open: psychiatrists faced with patients claiming religious experiences find themselves having to probe the extent to which their judgments are value-laden, even where consensus opinion is so strong as to all but obscure this element in their work; religious professionals and laypeople presented with alternative vocabularies and narratives for their emotional lives are forced to ask questions about the relationship between metaphysical claims and psychological metaphor. A focus upon complementarities and antagonisms is designed to bring some of these doubts and difficulties out into the open, as part of assessing the content and implications of modern and on-going religion-psy dialogue.

It is hoped that this framework may be of use to historians working across a range of geographical and cultural regions, beyond Japan and its relationships with western culture (which naturally limit us here to discussion of Buddhism and Christianity) and into regions where Islam's encounter with psychiatry and psychotherapy is set to become a major concern in the years ahead. Of the many reasons why Japan is a challenging and illuminating starting point for building a model of the relationships between religion and the psy disciplines, two are worth mentioning here. First, Japan's modernization process is rightly famed internationally for its rapidity, meaning that one can see across a span of relatively few years the influx and debate of an enormous number of new ideas. This compressed and highly self-conscious formation of new cultural and scientific milieux, around the late nineteenth and early twentieth centuries, allows us a view of how religion-psy relationships play out against a backdrop of what might at first appear unrelated political, social, and institutional concerns. Second, both Japanese themselves and interested outsiders have struggled over the decades to decide to what extent, and in what ways, Japan is a 'religious' society. The difficulties surrounding this question, which derive in part from the global cultural power of Western notions of 'religion', are creatively useful to us in our present endeavour: they remind us, in formulating our analysis of the religion-psy dialogue, that while the psy disciplines are obviously diverse and constantly evolving, 'religion' too is a moving target.

### *Circumstances and Orientations*

We can divide the modern era in Japan into four phases, for our purposes here: the initial impact of Japan's modernizing reforms and its interaction with western politics and culture, from the late nineteenth century through to the early 1910s; the rise, from the 1910s to the late 1940s, of psychotherapies inspired by new scientific and medical ideas but rooted in – or making strategic use of – traditional Japanese religious or cultural forms; Japan's rebirth as a nation in the early 1950s and the renewed impact of western, particularly American, dynamic and developmental psychology; and finally a boom for new religious, spiritual, cultural, and psychotherapeutic discourses from the 1970s onwards – some cosmopolitan and outward looking, others echoing prewar concerns about the cohesion of Japanese society and culture; almost all of them concerned with offering alternative or corrective discourses and rationalities to the modernism of the previous period.

All four periods have fed into present-day mental health priorities in Japan, including the provision of counselling in schools and universities, together with grief, terminal, and disaster care. And, crucially, in each of these four periods standards differed for what counts as legitimate and useful commentary upon the inner life and its problems and possibilities.

One of the most powerful forces shaping the first phase, from 1868 to the 1910s, was Japan's predicament over how to cope effectively with the broad spectrum of ideas and institutions that come under the heading of 'western modernity': would Japanese culture be best preserved and developed by reinterpreting it according to western forms, or by revivifying indigenous categories?

Japanese Buddhism was initially in a weak position here, linked to the power of the old regime and to what many saw as Japan's historically weak polity and humiliating scientific and technological backwardness. The degeneration of the early Meiji government's policy of *shimbutsu bunri* (the formal separation of Shinto and Buddhism, where previously they had shared religious sites) into *haibutsu kishaku* (the destruction of Buddhism) confirmed high levels of popular anger against the Buddhist establishment and heightened the sense that Buddhism was simply inconsistent with the aspirations of the new society that was taking shape.<sup>iv</sup> And yet pioneers of religion-psy dialogue in this era were able to tap into concerns about culture and idiom, and into related concerns about Japan's need of a psychologically and morally robust population that would put the interests of the new nation first. Inoue Enryō, a Jōdo Shinshū Buddhist who studied philosophy at Tokyo University, made it his business to assert the central cultural and political importance in the new Japan of a Buddhism stripped of superstitious accretions and fully in tune with modern science – including the mind sciences. He pioneered the theorization and advocacy of '*seishin ryōhō*', and insisted upon the complementarity of Buddhism with the most advanced ideas in western philosophy and natural sciences. Key to Inoue's success was his ability to cultivate government and popular support for his assertions: seeking to demonstrate, for example, that psychology could help in ridding Japan of harmful superstitions, for which real Buddhism had no time and bore no responsibility.<sup>v</sup> He and his colleagues also realized that Japan's new educational establishment, from high schools and their dormitories to the expanding university system, were key to the long-term legitimacy of religious ideas in the modern world. So it was that one of Inoue's junior colleagues, the Buddhist priest Chikazumi Jōkan, became mentor to a young boy, Kosawa Heisaku, who just a few years later was blazing a trail as Japan's first psychoanalyst – taking Sigmund Freud personally to task over his inadequate understanding of the importance of religion to the human inner life.

Alongside modernizing Buddhists, the emerging shape of Japan's psychiatric establishment – and its backing by government and the law – was crucial to the circumstances in which religion-psy interaction was to take shape. Of considerable future significance was its generally critical stance towards what were regarded as superstitions, folk beliefs, and outdated temple and shrine treatments for the mentally ill (albeit that some psychiatrists showed interest in their efficacy, despite their mistaken rationales<sup>vi</sup>), as was its relative lack of interest in research and treatment geared towards psychological and emotional disturbance – this was due in part to the powerful influence of German neuropsychiatry via Erwin von Baelz and later the German-trained Kure Shūzō, both at Tokyo University. The fact that mainstream psychiatry took comparatively little interest in low-level emotional disorders, combined with the reticence of sufferers to seek help in this way – thanks to media hostility towards psychiatric care and the stubborn stigma (and serious legal implications) attaching to some psychiatric diagnoses<sup>vii</sup> – left the way open for innovative physical, dietary, and narrative therapies created by freelance individuals. These had the potential to become broadly influential, since as Suzuki Akihito has

pointed out legislation on mental illness and care – especially the 1900 Mental Patients’ Custody Act and the 1919 Mental Hospitals Act – tended towards codifying existing practices rather than imposing new ideals from above (Suzuki 2003: 224). In other words, there was plenty of social and cultural space in Japan for hybrid ideas and practices to flourish and gain traction – indeed, moving beyond the notion of ‘hybridity’, there was plenty of room for the meaning of ‘religion’, the ‘human person’, and ‘mental health’ to be deeply and creatively contested.

A powerful contributing orientation in this first phase was ‘self-cultivation’, which Janine Anderson Sawada has noted was ‘pervasive to the point of banality’ in nineteenth-century Japan – covering much of what in the West at the time was usually separated into ‘religion’, ‘morality’, ‘divination’, ‘health’, and ‘education’ (Sawada 2004: 3). There was influence here from *shugyō* (self-strengthening through quasi-ascetic practices), reinforcement via government initiatives and middle-class media, and complementarities with an orientation towards focusing upon the practical utility of ideas – most obviously in Fukuzawa Yukichi’s championing of *jitsugaku*, or ‘practical learning’ (Sawada: 93). These two orientations – self-cultivation and pragmatism – meant that people such as Inoue Enryō and later Kosawa Heisaku brought to religion-psy dialogue an interest in practices, experiences, relationships, and efficacy – over and above concerns about how religious and psy ideas might be complementary or antagonistic at metaphysical or theoretical levels.

A third orientation, carrying us from this first phase into the second (1910s – 1940s), was pervasive concern about what sorts of people, families, and relationships modern life was giving rise to in Japan – and in Japan’s big cities especially. Relational subjectivity – ‘being in relationship’ – seemed to be an ideal under threat, and in many areas of life there were attempts to restore it. Breathing exercises focused on an individual’s relationship with his or her physical and social environment; in politics, the notion of *kokutai* (the ‘national body’) gained prominence both as a metaphor for connections of mutual interest and responsibility promoted by political leaders and as a ‘larger self’ in the context of which Japanese people could find their identity<sup>viii</sup>; some of the earliest systems of psychotherapy focused, as we shall shortly see, on encouraging a restorative awareness of a person’s relationships with and debts to family members; and finally, at a philosophical level, there was interest in moving from dichotomous (either/or) thinking to a more unitive and inter-relational vision – most notably in Nishida Kitarō and his disciples within the Kyoto School of philosophy.<sup>ix</sup>

In this context, religion seemed to offer something valuable to emerging psy ideas and therapies. Firstly, people associated religious institutions with conservative values, with historical memory, and also a kind of transhistorical reassurance about the goodness of life. It was a popular move to make both for psychiatrists and therapists like Morita Masatake (student of Kure Shūzō and developer of ‘Morita Therapy’) and for more commercially minded pioneers to blend three things in formulating and advertising new psychotherapeutic practices: social commentary (a favourite was to construe hyper-individualism and levels of neurasthenia as a sign of the strains of modern living); the latest scientific ideas, from physics to electricity to the mind sciences; and finally Buddhist metaphysics or Buddhist and Confucian values. Kuwabara Toshirō combined somewhat inflated claims for the healing powers of hypnotism – physical as well as psychological – with a quasi-religious account of how hypnotism worked, which owed much to modernized, pantheistic interpretations of Japanese Buddhism: he claimed that it brought the human psyche (*seishin*) into

tune with the greater universal *seishin* of which it was a part.<sup>x</sup> His three-volume *Seishin Reidō* (1903) became a bestseller.

Secondly, religion provided powerful rhetorical and practical means of easing the situations of people whose emotional or psychological problems were a matter of falling out of relationship, somehow – with themselves, with others, with their times. Three of the most significant psychotherapeutic pioneers of mid-century Japan – two of them psychiatrists – drew on Buddhist tradition in addressing such problems. Morita Masatake systematized his treatment of his own and his colleagues' neurasthenia in 1921, as *The Treatment of Neurasthenia and Shinkeishitsu*. Suffering arises, he said, from a natural disposition towards neurosis together with a mistaken popular and philosophical dualism that insists one part of the mind can be used to control the other to a significant degree. A person must relinquish these harmful attempts at cognitive control, and instead learn to live in relationship with Reality as it is [*arugamama*].<sup>xi</sup> Kosawa Heisaku, who trained in psychiatry with Marui Kiyoyasu at Tohoku University before pursuing psychoanalytic training in Vienna and returning to set up private practice in Tokyo<sup>xii</sup>, shared Morita's prioritization of practice over theory and hoped personally to become the means, for each of his clients, by which the loving capacity of 'Other power' was realized to be working in their lives. This activity of 'Other power', which Kosawa associated with Jōdo Shinshū Buddhism's *tariki* (advocacy of the saving potential of 'other power' as opposed to one's own effort) and the person of Amida Buddha, was for him the core both of religion and of psychotherapeutic healing. It was a metanoetic moment brought about by a realized relationship, which Kosawa theorized for psy audiences in terms of mothers and sons (a variation on Freud's Oedipus Complex that Kosawa called the 'Ajase Complex', after the Buddhist legend) but which was more profoundly about Amida and human beings. For Kosawa, the purely secular world lacked the language for understanding and the means for achieving this profound restoration of relationship, both to oneself and to Reality, while Japan's 'new religions' offered only a manipulative and second-rate approximation. The third individual to draw on Buddhism as an inspiration for a restored relational subjectivity was Yoshimoto Ishin, who began to develop Yoshimoto 'Naikan' therapy in the 1940s, and set about popularizing it after the war (see below).

In the post-war context two of the most powerful contextual influences were new trends towards secularism and individual autonomy.<sup>xiii</sup> Kosawa's student Doi Takeo was a Catholic convert, and so by no means hostile towards religion, but he objected to what he saw as his mentor's heavily Buddhistic take on psychoanalysis – which involved an inappropriate degree of didacticism within the therapeutic context. Doi objected too towards what he felt was Kosawa's overbearing attitude – mothering, almost smothering – and his seeking of the role of a messianic figure in a client's life. Gone, or at least going, by the 1950s, was the kind of paternalism that allowed Morita to have a client stay in his home and do domestic chores as part of his therapy, or the psychoanalyst Ohtsuki Kenji to routinely invite clients to stay with him at his country home – taking long walks as Ohtsuki turned himself into the caring, receptive father the client had never had. Where once the influential hypnotist Kondō Yoshizō had claimed that for the practice to work the client ought to be intellectually and socially inferior to the practitioner (and indeed many male hypnotists claimed to prefer women and children as their subjects, on this basis), post-war individualism and psychotherapy in the Rogerian mould was establishing itself: a matter of nurturing and building upon a client's own aspirations and resources.<sup>xiv</sup>



Yoshimoto Ishin's 'Naikan therapy' was shaped by this new mood, but was able somehow to operate at its borders. Yoshimoto was a member of the same Japanese Buddhist sect, Jōdo Shinshū, as Kosawa Heisaku, and worked to turn the practice of *mishirabe*, or 'looking into oneself' (in which a practitioner spends days in ascetic semi-isolation, meditating on his or her life, sins, and death, aided by occasional visits from senior practitioners) into something for people unmoved or even put off by religious contexts. The once-and-for-all experience of assurance about one's salvation was shifted to a continual searching and self-reflection; participants were allowed food and sleep; introspection was guided along specific lines, with the aid of a guide; and one's social and moral debts to others were emphasized over and above ideas about an afterlife (Shimazono, 1995). Yoshimoto opened his first dedicated 'Naikan' centre in 1953, and it was a testament both to the value of the practice and to Yoshimoto's successful rebranding of it that Naikan was soon receiving the warm approval of clinicians and being offered in prisons and schools across Japan.

And yet both Naikan and Doi's theory of *amae* included rather than entirely jettisoned the orientations and dilemmas of the past. What Kawahara Ryuzo says of Naikan holds too for the concept of *amae*: it addresses a cultural-familial situation in modern Japan whereby close interpersonal relationships, especially between mother and son, can give rise to overindulgence and unrealistic expectations about what and how the world at large will provide for people once they grow up (Kawahara 2005: 190, 197). Both Yoshimoto and Doi tried to meet the people of their age where they were: requiring a clear break from the past, but still suffering many of the old problems. And though both Yoshimoto and Doi mostly eschewed the openly religious language of Kosawa and, to a lesser extent, Morita, religious concerns remained just below the surface of their activities. In the end, Yoshimoto turned his own home into a Buddhist temple and took Buddhist vows. He always maintained a belief in reincarnation.

If anything, the fourth and final phase of religion-psy dialogue in modern Japan has been characterized by an intensification of these concerns about relationship and a willingness to characterize and tackle them as specifically 'Japanese'. In part, this is the result of resurgent cultural confidence in Japan since the late 1960s, as Japan's economy began to boom once again. The *nihonjinron* genre – with psychiatrists and psychotherapists like Doi playing a key role – catered for popular interest in Japan and abroad about the purported psychological and sociological 'uniqueness' of a miraculously resilient nation, while the transcultural psychiatry movement combined with international interest in the therapeutic wisdom of Japanese religious traditions to focus sympathetic attention on the phenomenology of religious mental states and the healing potential of religious and folk practices.<sup>xv</sup> From the 1970s and the early 2000s, respectively, there has been the rise of the 'Spiritual World' (*seishin sekai*) movement, making heavy use of psychotherapeutic models and practices, and of religious and spiritual forms of care for the grieving, the dying, and the disaster-afflicted. *Kokoro naoshi* (renewal of one's heart or spirit), and especially – as Ueda Noriyuki has pointed out (Ueda 1997) – *iyashi* (healing) are two of the key conceptual entry points for religious traditions and organizations into psychiatry, psychotherapy, and care more generally.

Shimazono Susumu has identified this as a shift from 'salvation' to 'healing', involving what he calls 'psycho-religious composite movements' (of which Naikan is one). But as we have seen, the orientation of religion-psy dialogue in modern Japan

has, since the early Meiji era, been towards cultivation, pragmatism, and relationship over and above the theoretical complementarity of traditional religious with newer physical, psychiatric, or psychotherapeutic thinking. Clearer shifts have occurred in how people understand authority, autonomy, and the nature of relationships: the shift towards the ‘spiritual’ in Japan, from the 1970s to the present day, has in part been a matter of tackling the same fundamental dilemmas as religion but doing so in a way that gives people greater autonomy and addresses more closely their everyday concerns. As Horie Norichika points out, *supirichuaru* in Japan has never been about ‘spirit’ or transcendence in western Christian or post-Christian usages of the word; rather, it is about this-worldly action and virtue.<sup>xvi</sup> For Ioannis Gaitanidis, writing about the ‘spiritual business’ in Japan in recent years, this has meant both ‘the sacralization of the therapeutic and the commercialization of the sacred’ (Gaitanidis 2011: 202).

In a few cases, certain individuals or concerns have cut across the religious/spiritual, the psy, the civil, and the political, and have suggested ways in which they might collaborate in meeting the needs of contemporary Japanese people. The relief effort in the aftermath of 3/11 is an example of one major such concern, while the ‘spiritual intellectual’ par excellence, was of course Kawai Hayao. In a career that combined therapeutic care, education, institutional leadership in the psy disciplines, and cultural leadership at the national political level, Kawai showed people the value of the Japanese Buddhist and folk inheritance in understanding the psychological and existential questions that continue to press upon them in the early twentieth century.

### *The Human Person*

Notably absent from the sketch of circumstances and orientations offered above are clients, patients, and religious communities. In order for this framework to be useful, one of the priorities for future research into religion-psy dialogue is to inquire into the experience of what we might call ‘psycho-religious laities’. Recent progress here is evident in sociological and anthropological work by Chikako Ozawa-de Silva and Horie Norichika, on Naikan and reincarnation narratives, respectively, and it is to be hoped that future work will prevent analysis of religious-psy dialogue from being hamstrung by a bias towards male social and professional elites.

One of the reasons this kind of research on psycho-religious laities is so important is that religion-psy dialogue has involved – and continues to involve – intimate questioning of the nature and status of the human person. Part three of our framework looks at who holds the power to lead and shape that conversation, and at how standards and prerogatives for expertise and authority come to be understood. The religion-psy dialogue has to a large extent been about what we do with our capacity to reflect upon ourselves as human beings: how we objectify, evaluate, and tell stories about ourselves. This has been a core activity in various of the world’s great religious traditions for millennia, but the rise of the psy disciplines has given renewed encouragement and cultural legitimacy to the process, and has supplied a wide range of new models and narratives where human personhood is concerned.

There are instances of religious organizations rejecting out of hand any and all psy models and insights when it comes to the human person – examples of which appear in work on psychology and American Christian culture by Robert Kugelmann (2011) and by Eric L. Johnson (2010). More commonly, however, points of contact

are found and emphasized, while divergent core assumptions remain about what human beings most fundamentally 'are'. Are human beings most fundamentally biological entities? In K.W. Fulford's words, 'object[s] governed by natural law, different only in degree of complexity from simple mechanical objects... in principle predictable... and subject to the same laws as anything else in nature' (Fulford 1996)? Or are we more essentially socio-cultural beings, with biology offering a substrate or a 'means' whose determining power is easily over-stated? Are human beings, in the final analysis, a spiritual or semi-divine phenomenon with an essence or potential that is given rather than accidental or evolutionary or purely social – are we a part, or a transient manifestation, of greater spiritual or divine being?

For John Polkinghorne (1986) all such framings of human being are 'true... and all mysteriously cohere in [each] person'. But this 'coherence' is often imperfect: a framing that is for one person the core definition of humanity may be, for another, a colourful metaphor or a useful, therapeutic fiction. It is important to unpack such situations to seek out the ideas and politics at play. It may help us discover, for example, why Sigmund Freud never responded to the thesis on the Ajase Complex that Kosawa Heisaku handed him during his stay in Europe. One of the sticking points for Freud may well have been that Kosawa's Buddhism and Freud's theory worked with two visions of the human person that were simply impossible to reconcile. For Freud, personhood was a closed system, a matter of biological drives whose outcomes were socially shaped. Deities and their intentions, compassion, or love were simply not part of the picture, except as human psychological content. Another problem for Freud may have been the ego: a passing, useful phenomenon for a Buddhist like Kosawa – the vehicle for self-transcendence – but for Freud the crux of personal autonomy, to be given all possible assistance in its attempts to manage the demands of id and superego.

Following on from what humans beings 'are' comes what human beings 'do'. How are we to judge the reliability, relative value, and need for restraint or development of our various capacities? Amongst the most intimate of these are immediate phenomenological experience and our interpretation of it, giving rise both to acute and to longer-term questions. In the former case, philosophers of psychiatry have struggled to find ways in which visual or aural hallucinations can be interpreted without risking, on the one hand, the health and safety of patients and those around them and, on the other, the principle of not pathologizing that which is claimed to be religious, spiritual, or otherwise normal for a given person and his cultural milieu. Mike Jackson and K.W. Fulford have asked how psychotic experience might be separated out, for practical purposes in the clinical context, between spiritual and psychopathological (Jackson & Fulford 1997). Potential solutions include: a detailed psychopathological interview, so as to understand broad context and separate out form from content in patients' experiences (form being the more significant for diagnostic purposes) (Sims 1997); focus upon causation or fruits of these experiences (thinkers as far back as William James argued that truly religious experiences could be known by their fruits in everyday life); exploration of the values and beliefs held by the patient, and whether the acute experiences in question are consistent with them; and inviting families and cultural or sub-cultural communities to contribute to the process of interpretation of a person's experience.<sup>xvii</sup>

Roland Littlewood has suggested, however, that most of these proposed solutions to a classic clinical religion-psy dilemma are based on a fallacy. 'Spiritual' and 'psychopathological' are not distinct ontological categories, he argues. No

psychophysical phenomenon could *intrinsically* possess the quality of being spiritual or psychopathological: these are attributions, made by clinicians or clerics seeking to impose clarity and order. Even categories like ‘spiritual’ and ‘religious worldview’ have been shown to be products of late Christianity – and students of the Japanese context will know just how contested these have been from the Meiji era onwards.<sup>xviii</sup> Related cautions about a simple religion-psy dichotomization of human experiences have been raised by Caroline Brett and by Marek Marzanski and Mark Bratton. Brett has shown how the phenomenology of some supposedly psychopathological states is remarkably close to what, in Mahayana Buddhist tradition (amongst others), is a healthy apprehension of the world – one in which the fiction of the self as a unitary agent has been abandoned. Marzanski and Bratton argue that the attribution of ‘spiritual’ versus ‘psychopathological’ is made profoundly difficult by the prevalence and high valuation of asceticism in a number of religious traditions, including Christianity. Where some experts may propose – and indeed the terms of the DSM seem to imply this – that a religious or spiritual experience (as opposed to a psychopathological one) will involve unchanged or improved functioning, in fact progress in the religious life can often look, from the outside, as though everything is falling apart.<sup>xix</sup>

Dilemmas concerning the long-term interpretation of human experience tend to bring psychotherapists into debates about religion and spirituality, encompassing affective and behavioural change alongside relationships to others and the world in general. It is only relatively recently that non-religious psychotherapists and counsellors in the West, Japan, and elsewhere have begun to be prepared to address religious and spiritual issues in the therapeutic context.<sup>xx</sup> Agneta Schreurs (2006a) has suggested that psychotherapists who lack confidence or experience of spiritual matters can use their training in relational dynamics to help clients make sense of their experiences. There are, she says, ‘important structural similarities between human relationships and the relational aspects of the divine’. A key example of this is where a patient, once he is convinced (once he experiences) that he is truly loved by God, is able ‘to look at himself with loving eyes’. This in turn allows for relationships with other people to be renewed. Of crucial import here, says Schreurs, is that in the Christian tradition a relationship with a personal God is supposed to change over time, just as a human one does – with various projections and illusions being laid aside as something more intimate and true develops. Therapists may also be able to discern the deep structure of someone’s spirituality or ‘personal theology’, helping them to see how parts of it have been garnered from elements of what they have been taught and from their life experience. They may also be able to use a patient’s religious/spiritual frame of reference as a source of energy for positive transformation.<sup>xxi</sup>

Schreurs is here building upon one of the most important movements within religion-psy dialogue in the second half of the twentieth century: the relational turn. From object-relations within psychoanalysis (especially the work of Donald Winnicott on ‘transitional’ objects and phenomena, and the use made of it by religious and spiritual thinkers) to Alan Watts’ interpretations of Asian philosophical traditions<sup>xxii</sup> much has been made of the therapeutic and spiritual implications of moving beyond positing humans as social animals to framing human selfhood at its most fundamental as relational – spanning the biochemical, socio-cultural, intrapsychic, interpersonal, and the spiritual. Schreurs’ work is just one example of how relationality has become a major conceptual and practical bridge between religion and the psy disciplines.

Besides what human persons ‘are and ‘do’, our framework points attention too towards the ‘person’ in social and cultural context: as authority figure, expert, patient, client, or religious layperson. What sorts of criteria emerge in the course of religion-psy dialogue by which expertise and legitimacy – moral and cultural – come to be understood? In many economically advanced modern societies one could posit a double shift from religious towards secular psychological and psychiatric forms of authority where the human inner life is concerned, and more gradually of power passing from traditional elites to laities, clients, patients, consumers, and advocacy groups – this is partly what has defined the transition, in modern Japan, from traditional to modernist forms of religion<sup>xxiii</sup> and then from the religious to the ‘spiritual’: the social and intellectual freedom and economic power with which ordinary people increasingly meet life’s existential and everyday problems.<sup>xxiv</sup>

But though this shift is detectable in religion-psy contexts, expertise and legitimacy have also turned upon the ability of key individuals to embody the critiques of society or the claims about the human person that they make. Partly, of course, this is due to the intimacy of the subject matter: inevitably, the therapist or thinker does not merely possess and objectively transmit a message here – they and their lives *are* the message, to some extent. But it is also a matter of religion-psy interaction creating conditions where conventional expertise is lopsided: few individuals have possessed strong educational and professional credentials spanning equally the worlds of religion and any particular psy discipline, nor are they familiar with the basic standards by which beliefs and practices are evaluated across all the worlds in which they desire to operate (though this is changing in recent years, with genuinely dual expertise becoming more common). As Alasdair MacIntyre has pointed out, this is a difficult hermeneutic situation to escape, and it is hard not to judge the beliefs and practices of one tradition (no matter how much enthusiasm one has for it) according to the standards of the tradition with which one is most familiar. Psychiatrists or psychotherapists, for example, might tend towards viewing religious belief or community membership through the lens of physical and mental health benefits – in a way that perhaps takes insufficient account of the cautions offered by Marzanski and Bratton, above.

A final dimension to these questions about the social and cultural status of the person concerns the use of notions of health, sickness, and weakness as metaphors in the religious and spiritual life and as conceptual bridges to the language of psychiatry and psychotherapy. This leads us to the penultimate section of our framework: language.

## *Language*

A key feature of the religion-psy dialogue, and the one through which it exerts the greatest influence on mainstream culture, is its complex and creative use of language. The worlds of both religion and psy are concerned in large part with people’s experience of inchoate, shifting ‘inner lives’ and their subtle, intuitive contextualizing of these – projecting them back into the past via memory and narrative, into the future through hope and promise of change, and outwards into relationship with nature, with others, and (for many) with the divine. The limits of language in all this has been a matter of serious argumentation in any number of religious and psy contexts: the balance between reasonably literal representation and metaphorical or allegorical

indication; the importance of evocation, or expressions of faith or hope; the nature and value of diagnostic categories; the way that language acts as a vehicle for our interpretations and our epistemologies – not always in a way that makes them explicit; and the potential for language to channel our imaginations and our emotions.

When the precision and stability with which words are moored to their objects is already in doubt, in this way, the bringing of these two worlds – religion and psy – into dialogue with one other has the potential either to clarify the role of language in particular contexts or to compound existing confusions and difficulties. In the latter case, one risk is of a heavily psychologized spirituality, where it is difficult – perhaps even taboo – to say what one thinks or believes about oneself or the world. An almost exclusive focus is placed instead upon individual growth, construed in a completely open and relativistic way using language gleaned from developmental psychology. There is a concomitant lack – critics would say – of commitment to intellectual rigour or to social justice, since it becomes impossible or unimportant to distinguish (and act upon) differences between right and wrong, fair and unfair. Or else a heavily spiritualized psychology results, where spiritual, religious, or otherwise grandly existential language makes its way into the consulting or counselling room, and distinctions between illness and health are downplayed in favour of talk about creativity and breakthroughs.

It is only possible here to scratch the surface of this feature of religion-psy dialogue, by looking at four basic sorts of language use. These are not intended as exhaustive. The point is to suggest that a typology of language use is a helpful way of achieving critical distance from the (often rather rich and attractive) rhetoric of a particular form of religion-psy interaction, and drilling down to find out what is being claimed – about the world and about the human person – and why. As we shall see, part of the usefulness of this sort of analysis lies in exploring where there are overlaps between different sorts of language use, or else contest or lack of clarity over how language is being used.

One of the pitfalls to avoid, as we go, is assuming a general modern transition from the literal to the psychological or metaphorical use of religious language. Firstly, this dramatically misunderstands the rich, non-literal uses of language in religious contexts going back millennia, from cosmos-crafting Sanskrit and the gradual unfolding of understanding made possible by Buddhist texts and prayer practices to manifold traditions of interpretation within Judaism, Christianity, and Islam. Secondly, by simply assuming this shift to have happened we obscure the politics of why and how. As Herbert Fingarette has pointed out, the psychologization of religion hasn't just been a matter of reinterpreting one set of ideas in terms of another, more acceptable set. It has been a political and moral effort to undermine the very reality of that which is not (or cannot be made) public: here, religion is part of the inner realm, while the psy disciplines deal with shared, public concepts and standards.<sup>xxv</sup>

The first basic sort of language use is the 'substantive-factual'. These are of a philosophically realist, correspondence-theory sort, asserting the independent reality of an entity or an essence – from the existence or non-existence of a divine to processes of psychiatric classification. In both cases, there is much debate about whether substantive-factual claims can really be made. Philosophers of psychiatry including K.W. Fulford, Giovanni Stanghellini, and Tim Thornton have argued that even in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM), which aims to be scientifically factual, there is somewhat covert reliance on our second sort of language use: evaluative. One of the criteria for a diagnosis of schizophrenia, for instance, is that a person's functioning in a social or occupational

context is ‘worse’ than it was before. Although in some cases family and psy professionals may witness a deterioration so profound as to leave little room for debate, there are cases – thinking back to our discussion about people having religious visions, for example – where the language of ‘better’ or ‘worse’ social functioning is revealed as quite clearly evaluative. Here, the consequences of interpreting and naming someone’s experiences can be momentous – the difference, perhaps, between receiving and not receiving a diagnosis as schizophrenic (Fulford & Stanghellini 2008: 8).<sup>xxvi</sup> Thornton further cautions, however, against the making of a simple ‘fact-value’ distinction. In an example of how language can carry embedded within it ontological or epistemological assumptions that we may accept without having first fully noticed and processed, Thornton notes that a fact-value distinction rests on a certain view of reality: as a natural order that ‘individuates itself independently of what we know about it’ (and of values that we apply to it (Thornton 2002). This is by no means an unproblematic view of reality, and it shows how important it is to properly deconstruct the sort of language that religion-psy uses and promotes.

A third sort of language use is ‘functional’: fulfilling a context-specific function rather than stating literal truths or putting forward particular values. This could include forms of words intended – in and of themselves, and through the way they are communicated – to demonstrate, evoke, or indicate something whose direct statement is either not possible or would not have the desired effect. Myth falls into this category, as might a lapse from words into meaningful silence in the counselling room. Within clinical psychiatry, the argument is sometimes made that mental disorders do not ‘exist’ in the world as such, but rather psychiatric nosology is *functional*: creating categories based on common patterns seen across patients, which aid the work of doctors in prescribing medication or courses of treatment, while at the same time giving patients a useful point of reference – an easy means of approximate comparison with the experience of others (Broome 2006: 312). Similarly, in psychotherapeutic contexts, ‘functional’ religious or spiritual claims or comments would be those designed to give meaningful shape to clients’ experiences and so create the conditions for forgiveness or acceptance or for some alleviation of guilt or anxiety. The question of whether there might be something substantive to these claims might well be suspended, as a matter of counselling-room ethics, or – as was the case in Carl Jung’s work – because the psychological is regarded as related to the divine, but not in ways that human beings are able usefully to encapsulate in words.

Religious traditions of course make heavy use of functional claims that are tailored to the education, social and moral situation, and degree of spiritual insight of the person or the group concerned. Mahayana Buddhism’s concept of *upaya* – skillful or expedient means – is an obvious example, emerging from an Indian religious tradition where salvation is in large part a matter of the individual’s immediate consciousness of herself and the world. As a consequence of comparative religious studies since the late nineteenth century, modern and postmodern epistemologies, and the religion-psy dialogue, the proportion of religious language popularly understood as ‘functional’ – or at least as incorporating a functional role (inspiring faith, openness, moral growth) – has increased considerably. John Macquarrie has shown how Christian understandings of Jesus of Nazareth have changed across time, in relation to shifting cultural and philosophical contexts. And in regions of the world like India and Japan, we see a process whereby the ‘modernization’ or revival of indigenous religious traditions involved a series of decisions about which aspects of Brahminical Hinduism or the teachings of various Japanese Buddhist sects were to be regarded as substantive-factual statements about the world or the human condition,

and which were at best functional in some way (and at worst superstitious and outdated).

The fourth and final sort of language use is the ‘performative’ claim or utterance, in the sense developed by J.L. Austin (1962), Ludwig Wittgenstein, and other philosophers of language. Here, the making of a claim is the doing of a certain kind of action. The simple statement to another person, ‘I believe in you’, could have, in this context, both a substantive and a performative element: it describes a feature of one’s relationship to that person, and at the same time serves to reaffirm this state of affairs both to the speaker and the listener. If we alter the phrase to ‘I believe in God’, the substantive element is rendered less clear because of the limits of language when it comes to the divine (perhaps alongside other forms of uncertainty), and instead the performative element is dominant: expressing, enhancing, perhaps advertising one’s devotion. In Japanese Shin Buddhism the short *nembutsu* prayer is very much a performative act rather than a substantive theological statement – in part because Jōdo Shinshū Buddhism is premised upon humankind’s meagre ability accurately to conceptualize or influence reality.

The balance of substantive and performative in a given claim is not always easy to determine. In different forms of religion-psy interaction one sees both an attempt to articulate the importance of blending the substantive-factual with the performative: in calls, from Thomas Keating in the Catholic tradition to the Dalai Lama in the Tibetan Buddhist tradition, for people to balance head (rational, substantive-factual) with body and heart (emotional, performative). But one sees too a lack of clarity about the make-up of this blend – put bluntly, whether in most modern forms of psychologized spirituality anything very much is at stake by way of metaphysics or ethics.

If key thinkers have helped drive the balance of these four basic uses of language in the religion-psy dialogue, this is partly because they emerged in historical contexts where epistemologies and uses of language were already in flux. The result was often considerable uncertainty over what language was ‘doing’ in any given situation. One can find amongst modernizing adherents of Japan’s Jōdo Shinshū (True Pureland) sect at the turn of the twentieth century those who treated talk of the ‘Pure Land’ as objectively literal and those who understood it as a functional approximation of a state of being that resists ordinary description. This is an old controversy, rooted as much in the constraints of dualistic human thinking as in anything identifiably ‘modern’, but what is remarkable here is its survival into the modern era. If Inoue Enryō represents trends towards the metaphorization of religious language, partly in the interests of its compatibility with bio-medicine and the psy disciplines, then Chikazumi Jōkan represents almost its antithesis: a willingness to understand talk of the Pure Land and Amida Buddha in straightforwardly substantive-factual terms.

Flux of this sort, in people’s epistemologies and expectations for what language does, has created opportunities as well as problems for religion-psy dialogue. It is at the level of shared or similar metaphors – of inner/outer, of growth or becoming, of ‘other’ or resistance – that religious systems are made intelligible to (and usable by) psychotherapeutic experts and laities, and vice versa where psychotherapeutic systems are concerned. As our discussion of circumstances and orientations showed, some of these shared metaphors have their origins outside of religion or the psy disciplines – in popular scientific ideas or pieces of imagery from a given period, from the conservation of energy to hydraulics and mechanical cause-and-effect. Despite their obvious utility, they may quickly become outdated and even



unintelligible – as new generations emerge requiring the metaphorization of difficult or nebulous concepts in terms of computer processing or interconnectivity. In this way, instances of religion-psy dialogue may become relics, confusing or skewing the way in which people imagine themselves. Here, proper historicization and sound analysis of language use may help to restore a degree of clarity.

### *Complementarities and Antagonisms*

The discussion so far has highlighted a number of complementarities and antagonisms. But by way of concluding this framework, and this article, it may be useful briefly to look at four major areas in which complementarities and antagonisms have arisen within the religion-psy dialogue and continue to be a central feature.

Firstly, as we saw from our survey of circumstance and objectives, institutional power and ideological influence is a major area of interest for analysts of religion-psy interaction in the modern world. One of the earliest concerns about the ps disciplines in Western religious circles was that they were thoroughly secular in character. As such, they threatened to wrest from religious institutions the cultural authority to talk about – and to educate children and the wider public – in the fundamentals of human nature and personhood. Psychoanalysis and behaviourism were seen as particularly secular and reductive, but even the humanistic psychology of the 1950s and 1960s had its religious detractors: nondirective (later ‘client-centred’) counselling posited a basically good, value-giving, ‘feeling self’, which seemed at odds with the ‘prudent, reasoning, judging, perceiving’ (and deeply corrupt) human nature of Catholic scholastic and neo-scholastic theology, subject to a universal and objective morality rather than its author. An equally strong position was taken by some psy professionals, in whose client notes was to be found – so they claimed – irrefutable proof that religious institutions and ideas were powerfully psychopathogenic, lumbering people with tremendous amounts of guilt and neurotic anxiety. Again, circumstances matter: there was a mid-twentieth century psychoanalytic militancy here – and arguably a lack of subtlety – that neither Sigmund Freud before nor the likes of Wilfred Bion and Donald Winnicott after shared.<sup>xxvii</sup>

Since the 1970s there has been a more considered staking out of the territory that religious and psy institutions appear to share. Complementarities have been found, though the basic antagonisms that fuelled the earlier period have not entirely gone away. An important complementarity, recognized increasingly in recent decades, is that psychiatry, psychology, and psychotherapy are outgrowths rather than the revolutionary overthrow of caring, pastoral activities formerly carried out within families and communities (including religious communities). This being so, innovations in the psy disciplines may occasionally be a matter of bringing to our attention elements of religious wisdom that have been lost or forgotten in recent years or even centuries, or which may have been neglected in the particular way in which people were educated or socialized into Christian or other religious communities. It was appreciated relatively early on by the likes of Frank Lake, the pioneer of ‘clinical theology’ who was inspired in his work by the lack of attention to mental healthcare in the missionary milieu in India, that good psychotherapy or counselling could balance out emotional or even moral failings in a person’s religious upbringing – Lake talked, for example, about dealing with ‘hardening of the oughteries’.

Similarly, the clinical charting and theorizing of behavioural traits and problems in human beings, from Freud and Jung onwards, has been seen as

potentially a valuable resource for religious organizations: helping their leaders and members to gain insight into personality or behavioural patterns that may frustrate the living of a religious life – from wishful thinking and avoidance to narcissism and the need for a powerful father figure.

A second major focus for complementarities and antagonisms has been the human person or ‘self’. Psychotherapy has been criticized as having the reification of this individual self as not just part of its strategy but as its core assumption. You cannot have psychotherapy, so the argument goes, except by accepting the ontological and moral primacy of the individual, and yet this is something with which religious traditions from Buddhism to Christianity would have great ontological and moral difficulty – emphasizing instead createdness and dependency, alongside the illusory and dangerous nature of conventional me-centred forms of perception. This is, however, to reduce the ‘psy disciplines’ to person-centred psychotherapy, when in fact new understandings of personhood and agency within the psy disciplines, such as embodied cognition, are starting to offer a corrective to psychoanalytic and humanistic framings of human personhood.

A related antagonism is the confusion, as a pioneer of modern contemplative Christianity, John Main, put it, of confusing religious or spiritual insight with self-insight (Main 2007). This is not a matter of imagining the ‘religious/spiritual’ and the ‘psychological’ to be somehow two separate parts of us, such that we confuse insight into one with insight into the other. Rather, ‘psychological’ insight operates on the plane where we construe immediate experience in terms of a unitary being with its own agency, whereas ‘spiritual’ insight is a matter of looking beyond that – interpreting the same immediate experience in a fundamentally broader sense. This is why for some, talk of a ‘true self’ – a powerful neologism of the religion-psy dialogue – is unhelpful in religious or spiritual terms: it encourages an over-identification of immediate experience with this unitary being, whose reality in fact has only a limited depth.

There is room, however, for complementarity here. Jack Engler (2003) distinguishes between an ontological self and a psychological self. In his reading of the complementarity between Buddhism and psychoanalysis, it is necessary to have a healthy psychological self (the achievement of which is, loosely speaking, the terrain of the psy disciplines) in order to realize and cope with the fact that there is no ontological self undergirding this psychological self (a truth that Buddhism claims and helps to reveal). In the Japanese context, we see Morita and Yoshimoto in particular seeking to restore to their clients a sense of selfhood, and yet one that is fundamentally relational. Similar complementarities, for the exploration of which there is little space left here, exist when it comes to understanding human phenomena such as weakness or guilt or forgiveness: while religious and psy systems might not meet perfectly when it comes to understanding the ultimate sources of these, when it comes to the ways in which they are expressed and can be addressed in everyday life there is much useful common ground. The Christian theologian, Paul Tillich, who had extensive discussions with Carl Rogers, suggested that the therapist is really the vehicle rather than the source of forgiveness – but a very powerful and effective vehicle indeed.<sup>xxviii</sup>

A third major area concerns our aspirations and commitments. Religion and the psy disciplines share a great deal here, working towards discernment, growth, maturity,

and hope in the face of the unknown. There is great potential for religion and the psy disciplines to come together in the work of discernment: helping to discern neurotic from existential anxiety, to draw boundaries between reasonable and excessive feelings of guilt, or to probe distorted images of the divine. Where growth is concerned, there are useful practical parallels between psychological models of development from infancy to maturity and models of progress in the religious or spiritual life.

There can be a tension, however, between shared aspirations and shaped aspirations. This brings us to our final area of focus, for complementarities and antagonisms in the religion-psy dialogue, and perhaps a fitting end to this article. Does it tend towards broadening our imaginative horizons, by opening up new questions and new means of exploration of the inner life? Do religious and psy vocabularies creatively triangulate rather than reductively refer – in the Buddhist image of the finger pointing at the moon, do they offer an extra finger or two, to help people on their way? Or, on the other hand, does religion-psy interaction tend more to narrow or ossify our vision of the world, encouraging us to shy away from difficult speculations or commitments? Does religion-psy dialogue run the risk of becoming what Philip Clayton and Steven Knapp (2011) have called an ‘immunization strategy’ – a means by which people sidestep daunting metaphysical or ethical questions?

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There are no single answers to such questions because, as the early sections of this article tried to show, there is no single ‘religion-psy dialogue’ but only a series of context-specific conversations. This article has tried to show why such conversations are worthy of our attention, and why and how we might want to examine them. They are culturally and ideologically rich, in and of themselves, but they are also politically significant and possess the potential to influence profoundly how as human beings we imagine and think about ourselves. In short, a pairing as powerful as religion and the psy disciplines demands our careful attention, and looks set to do so for decades to come.

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<sup>i</sup> On conceptual invention and reinvention in modern Japanese religion, see Josephson (2012).

<sup>ii</sup> On the aftermath of the Aum affair see the special issue of the *Japanese Journal for Religious Studies* (Vol 39, 2012). See also Reader (2000).

<sup>iii</sup> See also Shimazono (2003).

<sup>iv</sup> On religious conflict in this period, see Ketelaar (1993) and Thelle (1987).

<sup>v</sup> On Inoue and Meiji Buddhism, see Staggs (1983), Josephson (2006), Ketelaar (1991). On Kosawa and Japan’s new religions, see Harding (2013 & 2014).

<sup>vi</sup> For this reason, Hashimoto Akira has cautioned against overstating the extent to which institutional and professional changes resulted in any neat shift in the popular understanding of mental health and illness, from traditional religious and folk to biomedical models. See Hashimoto (2012).

<sup>vii</sup> The Japanese state made manic-depression, for example, a basis for legal incompetence. Kitanaka (2011).

<sup>viii</sup> See Doak (2007).

<sup>ix</sup> See Heisig (2001) and Sharf (1993).

<sup>x</sup> See Yoshinaga (2004).

<sup>xi</sup> See Kondo Kyoichi & Kitanishi Kenji (1990).

<sup>xii</sup> See Harding (2013).

<sup>xiii</sup> See Koschmann (1981).

<sup>xiv</sup> See Sato (2007) and Sato & Mizoguchi (1997).

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- <sup>xv</sup> See Shiotsuki (2007). On western interest in the therapeutic value of Japanese religious traditions see the work of Alan Watts, D.T. Suzuki, and Erich Fromm (the last two forming part of a collaboration to produce the book, *Zen Buddhism and Psychoanalysis* in 1960).
- <sup>xvi</sup> See Horie (2009).
- <sup>xvii</sup> See Rashed (2010).
- <sup>xviii</sup> See Littlewood (1997).
- <sup>xix</sup> See Marzanski & Bratton (2002), especially the case studies of ‘Carol’ and ‘Peter’.
- <sup>xx</sup> For a survey, from a western point of view, see Gubi (2008).
- <sup>xxi</sup> See *Psychotherapy and Spirituality: Integrating the Spiritual Dimension into Therapeutic Practice*, 2001. See also Schreurs 2006b.
- <sup>xxii</sup> See, for example, Watts (1961).
- <sup>xxiii</sup> See Janine Anderson Sawada on the non-institutional lay practice of Buddhism (*zaike bukkyō*) and Inagita Kōsen’s revival of *koji Zen* (lay engagement in Zen koan and meditation. Here we see an empowerment of religious laities: newly cash-strapped religious institutions, particularly Buddhist ones in the wake of government confiscation of property; and contemplative or reflective religious practices playing a role in respectable middle-class culture – often bound up with professional or commercial statuses and ties. Sawada (2004).
- <sup>xxiv</sup> See Gaitanidis (2011).
- <sup>xxv</sup> See Fingarette (1963).
- <sup>xxvi</sup> See also Jackson and Fulford (1997) on the problem of distinguishing spiritual from pathological forms of psychotic phenomena.
- <sup>xxvii</sup> On an Indian Christian’s encounter with the psychoanalyst Frieda Fromm-Reichmann, see Harding (2011).
- <sup>xxviii</sup> See Cooper (2005).

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